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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

0550.001

First Name and Inventor

Frank I. Marcus et al.

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Optimization Method for Cardiac Resynchronization Therapy

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ Customer Number or Bar Code Label **34282** OR ☐ Correspondence address below**Name** Gavin J. Milczarek-Desai**Address**

Durando Birdwell &amp; Janke, P.L.C.

2929 E. Broadway Blvd.

**City** Tucson**State** AZ**ZIP** 85716**Country** US**Telephone** 520-881-9442**Fax** 520-881-9448

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR :** ☐ A petition has been filed for this unsigned inventor**Given Name**  
(first and middle [if any])

Frank I.

**Family Name**  
or Surname

Marcus

**Inventor's**  
**Signature***Frank I. Marcus***Date** 7/29/03**Residence: City** Tucson**State** AZ**Country** US**Citizenship** US**Mailing Address**

4949 E. Glenn

**City** Tucson**State** AZ**ZIP** 85712**Country** US**NAME OF SECOND INVENTOR:** ☐ A petition has been filed for this unsigned inventor**Given Name**  
(first and middle [if any])

Ding Sheng

**Family Name**  
or Surname

He

**Inventor's**  
**Signature****Date****Residence: City** Tyngsboro**State** MA**Country** US**Citizenship** US**Mailing Address**

377 Westford Road

**City** Tyngsboro**State** MA**ZIP** 01879**Country** US☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **34262** OR ☐ Correspondence address below

Gavin J. Milczarek-Desai

Name

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Country US

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Telephone

Fax

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NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name

Frank I.

Family Name

Marcus

(first and middle (if any))

or Surname

Inventor's

Signature

Date

Residence: City Tucson

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Country US

Citizenship US

State

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Mailing Address

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State AZ

ZIP 85712

Country US

State

ZIP

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

Ding Sheng

Family Name

He

(first and middle (if any))

or Surname

Inventor's

Signature

Date

7/29/03

Residence: City Tyngsboro

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Country US

Citizenship US

State

Country

Citizenship

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ZIP 01879

Country US

State

ZIP

Country

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Frank I. Marcus et al.
Title	Optimization Method for*
Art Unit	
Examiner Name	
Attorney Docket Number	0550.001

I hereby appoint:

☒ Practitioners at Customer Number:

34282

OR

☐ Practitioner(s) named below:

Name	Registration Number
Antonio R. Durando	28,409
Gavin J. Milczarek-Desai	45,801

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gavin J. Milczarek-Desai				
Address	Durando Birdwell & Janke, P.L.C.				
Address	2929 E. Broadway Blvd.				
City	Tucson	State	AZ	Zip	85716
Country	US				
Telephone	520-881-9442	Fax	520-881-9448		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Frank I. Marcus		
Signature	<i>Frank I. Marcus</i>		
Date	7/29/07	Telephone	520-881-9442

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

\*Cardiac Resynchronization Therapy

PTO/SB/01 (08-09)

Approved for use through 11/20/2005. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Frank I. Marcus et al.
Title	Optimization Method for*
Art Unit	
Examiner Name	
Attorney Docket Number	0550.001

I hereby appoint

☒ Practitioners at Customer Number.

34282

OR

☐ Practitioner(s) named below:

Name	Registration Number
Antonio R. Durando	28,409
Gavin J. Milczarek-Desai	45,801

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OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Gavin J. Milczarek-Desai				
Address	Durando Birdwell & Janke, P.L.C.				
Address	2929 E. Broadway Blvd.				
City	Tucson	State	AZ	Zip	85716
Country	US				
Telephone	520-881-9442	Fax	520-881-9448		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

**SIGNATURE of Applicant or Assignee of Record**

Name	Ding Shang He				
Signature	<i>[Signature]</i>				
Date	7/29/03	Telephone	520-881-9442		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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